



City of Rockville
Department of Recreation and Parks
240-314-8620

AUTHORIZATION FOR THE USE OF EPINEPHRINE Release and Indemnification Agreement

PART I: To be Completed by the Parent/Guardian:

I hereby authorize City of Rockville Department of Recreation and Parks personnel to facilitate Epinephrine injections as directed by the Physician below. I agree to release indemnify, and hold harmless, City of Rockville personnel from lawsuit, claims, expense, demand, or action against them for facilitation the injection, provided City of Rockville personnel are following physician order as written below. I am aware that the injection may be facilitated by a specifically trained non-health professional.

I have read the procedures outlined on the back of this form and I assume responsibilities as required. I understand that the rescue squad will always be called when Epinephrine is injected, whether or not the child manifests any symptoms of anaphylaxis.

Child's Name: _____

DOB _____ Age _____ Sex: _____ M _____ F _____

PART II: To be Completed by the Physician:

Emergency injections are facilitated by non-health professionals who are taught by the Montgomery County Health Department to facilitate the injection. For this reason, only pre-measured doses of Epinephrine may be given. Staff are not trained observers; therefore cannot observe the development of symptoms before facilitating the injection. Facilitate the following injection immediately after report of exposure to:

(Indicate specific allergen)

Check as appropriate: *medication expiration date must be clearly indicated.

Ana-Kit

- ☐ Give premeasured dose of 0.3 mg of Epinephrine 1:1000 aqueous solution. (0.3cc)
☐ Repeat dose in 15 minutes if rescue squad has not arrived. (2 kits will be needed)

Epi-pen Jr.

- ☐ Give the premeasured dose of 0.15mg Epinephrine 1:2000 aqueous solution (0.3cc)
☐ Repeat dose in 15 minutes if rescue squad has not arrived. (2 kits will be needed)

Epi-Pen

- ☐ Give the premeasured dose 0.3mg Epinephrine 1:1000 aqueous solution (0.3)
☐ Repeat dose in 15 minutes if rescue squad has not arrived (2 kits will be needed)

I acknowledge this child has received information on how and when to use the Ana-Kit or Epi-pen and that he/she can use it properly in an emergency.

Physician's Name (Print)

Phone

Physician's Signature

Date

This Authorization is complete. The original will be placed in child's file and shall be kept on file for three years. A copy will be placed with the Medication Log. The parent or guardian will receive a copy upon request.

Signature of City of Rockville Staff

Program Site and Date